

**Early Help Assessment Framework (EHAF)**

**This form should be used alongside the guidance within the Pathway to Provision**

[**www.nottinghamshire.gov.uk/pathwaytoprovision**](http://www.nottinghamshire.gov.uk/pathwaytoprovision)

**EHAF for logging: YES/NO**

**Section 1 – SUBJECT CHILD OR YOUNG PERSON, PRACTITIONER AND FAMILY INFORMATION**

|  |
| --- |
| **Details of the subject child or young person:** |
| Name: |  | DOB: |  |
| Gender: |  | Ethnicity: |  |
| Former names: |  | School year: |  |
| School/nursery: |  |
| Details of any disability or communication difficulty: |

|  |
| --- |
| **Details of the person completing this form:** |
| Name: |  | Telephone number: |  |
| Job title: |  | Service / organisation: |  |
| Email: |  | Date:  |  |
| Relationship to child/family: |

|  |
| --- |
| **Family Address**  |
| Main Address: |
| Secondary Address (list which family members live here): |
| Main contact numbers and names: |

|  |
| --- |
| **Information about other children and young people in the family:** (If child is an unborn baby, specify name as 'unborn' and mother's surname and use expected delivery date) |
| **Name**  | **DOB** | **Gender** | **Ethnicity** | **School Year** | **School/nursery** | **Disability or Communication Difficulty (Y/N):** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Details of any disability or communication difficulty:** |

|  |
| --- |
| **Information about significant adults in the family and/or household:** |
| **Name** | **Resides with child (Y/N)** | **DOB** | **Gender** | **Ethnicity** | **Relationship to child** | **Disability or Communication Difficulty (Y/N):** | **Parental Responsibility (Y/N/Unknown)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Details of any disability or communication difficulty:** |

## Section 2 – THE CHILDREN / YOUNG PEOPLE (you can complete this section for one child, or all children in the family depending on the information you have access to and your role with the family)

|  |
| --- |
| **Describe the strengths and areas for development of the child/children in this family:** |
| ***Health****Please describe any strengths and areas for development in relation to physical or mental health, attachment; developmental needs or learning disabilities; Autism Spectrum Disorder or ADHD; substance misuse; self-harm or emotional wellbeing for the child/young person* ***Education*** *Please describe any strengths and areas for development in relation to; educational progress; being on a part-time timetable; exclusion/risk of exclusion; persistent school absence; disruptive behaviour; not in a school/educational provision****Safety and Care****Please describe any strengths and areas for development in relation to; abuse or neglect; harmful sexualised behaviour; bullying (perpetrator or victim); incidents of missing from home; routine and boundaries; risk of child sexual exploitation; risk of radicalisation; strengths and challenges with social skills and self-care****Other areas you may want to consider****Please describe any strengths and areas for development in relation to; conflict/violence (child to child or child to adult); offending or antisocial behaviour; challenging behaviour; child bereavement; teen pregnancy; incidents of no recourse to public funds*  |
| **Describe the strengths and challenges within presenting behaviours (consider each environment)** |
| **Describe the behaviour (please indicate which child this applies to)** | **Where and When do they happen?**  | **Triggers** | **What helps?** |
|  |  |  |  |

## Section 3 – FAMILY AND ENVIRONMENT

|  |
| --- |
| **Describe the family and their environment** You may want to describe:* *any significant life events (e.g. death of a family member, house move,* parent/carer *has a new partner)*
* *any history of agency involvement with the family (Social Care, Children’s Centre, CAMHS or Health)*
* *any visits to the home and your observations*
* *any support networks in place for the family (friends, relatives, neighbours and/or community resources)*
* *any conflict/violence (adult to child or adult to adult)*
* *any impact of homelessness or worklessness*
* *anyone in the family holding discriminatory views (for example on the basis of race or gender)?*
* *anyone in the family having been the victim of discrimination (for example racist or homophobic abuse)?*
 |
| ***Describe what is working well for the family?*** ***Describe what is the impact of the identified concerns on the child(ren)?******Describe what is the impact of the identified concerns on the family?*** |

## Section 4 – PARENTS AND CARERS

|  |
| --- |
| **Describe the Parent/Carers and their parenting style**You may want to describe:* the relationship between the child and parent/carer?
* how are the child’s emotional needs being met?
* any strengths or inconsistencies within parenting and their impact on the child/ren
* any challenges facing parent/carer (such as mental-health, substance misuse, physical health problems or domestic abuse as per the Pathway to Provision)
* how the parent/carer ensures the child(ren) is clean and hygienic, well fed and has their health needs met
* how the parent/carer manages boundaries/discipline
* how the parent/carer engages with your service
 |
|  |

## Section 5 – WHAT NEEDS TO CHANGE?

|  |
| --- |
| **What do the family/ parents / carers think needs to change?** Record here the parent’s opinion of the current situation and their feelings about the assessment and any support needs identified. |
|  |
| **What does the child / young person think needs to change?** Record here the child’s opinion of the current situation and their feelings about the assessment and any support needs identified. |
|  |
| **What do you think needs to change?** What underlying issues do you feel need to be addressed in order to reduce the barriers to progress? |
|  |

## Section 6 – AGREEMENT (complete to log EHAF)

If not physically signed by the parent/carer, agreement can be shown with an electronic signature or a comment to confirm verbal agreement has been obtained.

|  |
| --- |
| **I am a child/young person/parent/carer named in this form:** |
| I understand the information recorded in this form. I know that it will be used to provide services to me and may be stored electronically. A copy will be held securely with Nottinghamshire County Council's Children and Families Department and may be used for monitoring purposes, where all identifying information will be removed.The reason for information sharing has been explained to me. I understand those reasons. I agree to the sharing of information between the services that will contribute to the assessment for and delivery of an agreed plan of work.Nottinghamshire County Council is committed to protecting your privacy and ensuring all personal information is kept confidential and safe – for more details see our Privacy Notice at <https://www.nottinghamshire.gov.uk/media/1731878/children-and-family-services-privacy-notice.pdf>[ ]  I agree to the sharing of agreed information with members of my family if necessary, except (insert name of anyone you do not wish information to be shared with)I am aware that I can withdraw from this agreement to share agreed information with my family at any time by contacting Early Help Services (contact details below).[ ]  I don’t agree to the sharing of agreed information with my Family |
| Signed: |   | Name: |  | Date: |  |
| Signed: |   | Name: |  | Date: |  |
| Signed: |   | Name: |  | Date: |  |

1. **CONTACT DETAILS FOR EARLY HELP SERVICES**

**Please send the completed assessment to the** **Early Help Unit.**

**Early Help Unit**

**Tel:** 0115 8041248

**Secure Email**: early.help@nottscc.gov.uk

**Address:** Early Help Unit, The Piazza, Little Oak Drive, Sherwood Park, Annesley, Nottinghamshire NG15 0EB

## SAFEGUARDING CONCERNS

**If you have safeguarding concerns regarding a child or young person (in line with the Pathway to Provision level 4 guidance) please** contact your designated safeguarding lead. If you need to report a safeguarding concern to MASH

Online form: <https://www.nottinghamshire.gov.uk/nscp/report-a-concern>

**Tel:** 0300 500 80 90

**Email:** mash.safeguarding@nottscc.gov.uk

**Address:** MASH, The Piazza, Little Oak Drive, Sherwood Park, Annesley, Nottinghamshire NG15 0EB

If you wish to report a concern anonymously, please contact us on 0300 500 80 90. Please note that a child protection referral from a professional cannot be treated as anonymous, unless there are exceptional circumstances.